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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000078257 (7)

DATA RECRUITERS, INC.

FILED Apr 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2465 HERON TERRACE 2465 HERON TERRACE SUITE B203 SUITE B203 DO NOT WRITE IN THIS SPACE CLEARWATER FL 33762 CLEARWATER FL 33762 3. Date Incorporated or Qualified 09/05/1997 2. Principal Place of Business

21 384 EXECUTIVEDS Mailing Address Applied For 2841 Executive DR Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing ARNOTEE, I Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible □ No į 25 Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Ag 10. Name and Address of New Registered Agent Name LEE, EMILY 2465 HERON TERRACE Street Address (P.O. Box Number is Not Acceptable) **SUITE B203 CLEARWATER FL 33762** 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or ponted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TIFLE 1.1 TITLE Change Addition NAME LEE, EMILY 1.2 NAME STREET ADDRESS 2465 HERON TERRACE, SUITE B203 1.3 STREET ADDRESS **CLEARWATER FL 33762** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TATLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE Change Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME. STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 61 TITLE Change Addition Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CfTY-ST-ZiP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if r on an attachment with an address.

SIGNATURE

Imily LEE